

## INTERAGENCY COORDINATING COUNCIL

### HEALTH SYSTEMS COMMITTEE MINUTES

Recorded by Barbara Ferreira as presented by Arleen Downing, M.D.

Date: January 25, 2001

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**MEMBERS PRESENT:** Bonnie Bear, Valerie Charlton, M.D., Arleen Downing, M.D., Mary Lu Hickman, M.D., Mara McGrath, Robin Millar, Peter Michael Miller, Ivette Pena, M.D., and Janine Swanson

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After review of the HSC minutes on page 83 of the ICC packet, the date of the minutes was corrected from September 28, to November 16, 2000, to reflect the correct date of the meeting. Also, the committee will seek to clarify information stated in their minutes on page 84, as it was questioned whether the option for a family to buy into the benefits of Medi-Cal have remained part of the Family Opportunity Act.

The committee discussed the Action Item related to revising the ICC agenda. She stated most members preferred a form of Option B and suggested that the ICC meet Thursday on topical issues from 8:30 a.m. - 12:00 noon; the FRCN could meet 1:00 - 4:00, which may be better for families; and then have a guest presentation to the ICC on a special topic from 5:00 p.m. - 7:00 p.m. The ICC committees could meet on Friday from 8:00 a.m. -12:00 noon.

The HSC reviewed committee activities over the past year in order to identify unfinished old agenda items and to determine priorities of subsequent agenda. It was agreed that besides determining priority, the committee should look at desired outcomes, know why the agenda item was important, and obtain data relevant to discussing the issue.

For more than a year the HSC has been discussing options for obtaining a child's health status information regarding vision and hearing and how this should be documented on the IFSP. The HSC first addressed this issue in Jan 2000, when Nancy Sager, from CDE's Deaf and Hearing Impaired Unit in the State Special Schools and Services Division, presented information about the Newborn Hearing Screening Program, and they have received updates from DHS. Because there were ongoing developments in this program, the committee at first focused on vision, hoping that what was developed for vision might also be a model for hearing.

In March 2000, HSC began the discussion of vision screening. They discussed how a child's vision was reported on the IFSP and who was qualified to assess the child's vision. The committee's consensus was that every child should have access to an examination by a physician through CHDP or other health programs and every child in Early Start should have an eye exam. Dr. Downing thanked Robin Millar and Julie Kingsley for organizing a flow chart that addressed the timeliness of a child's vision assessments. They also

discussed options for obtaining vision information during the intake period and how to document vision information on the IFSP. Methodologies for recognizing urgent eye problems, which might require immediate examination by a physician, were also discussed. HSC has not reached agreement on which screening or assessment methodologies should be used and they will continue to discuss this.

HSC is addressing who is qualified to conduct vision evaluations and assessments and options for obtaining and providing training to the field on this issue. Options discussed included the state potentially contracting with an appropriate educational resource to develop a training module to be used by Early Start personnel assessing vision status for the initial IFSP. The need for adequate support to ensure that vision assessments can be completed by the intake team in the child's natural environment was also discussed.

At the next meeting HSC will review a model physician letter and process for obtaining and reviewing information regarding the Physician Eye Exam and Vision Assessment for documentation in the IFSP. It is expected that this issue could be used in providing technical assistance or training to regional centers, but will not be brought to the ICC as a formal Action Item.

The HSC briefly discussed the issue regarding eligibility for children with prenatal exposure and infections with HIV and questioned whether a specific advisory technical assistance paper regarding HIV should be developed. The Technical Assistance Paper on Children with Chronic Health Conditions that was accepted by the ICC in January 1999 was reviewed. The HSC recommends that it be forwarded to DDS for dissemination as a technical assistance paper to all Early Start Programs including regional center coordinators, Early Start intake units, SELPAs, regional centers, regional center physicians and nurses, and ARCA. It is the committee's opinion that this paper address the issue of HIV and other chronic illnesses and would be a helpful evaluation assessment with both the use of clinical opinions and the multi-disciplinary team process to determine an appropriate decision regarding eligibility. Dr. Peterson will prepare a letter to DDS transmitting this paper.

Health related Early Start services and a guide to healthcare were also briefly discussed by the HSC and will be added to the March agenda.